

Water Compliance Inspection Report

Section A: National Data System Coding (i.e. PCS)

[illegible]

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Boswell Trout Farms - Jack's Ponds 1021 E. 4100 N. Buhl, ID 83316	Entry Time/Date 9:30 AM 12/13/2010	Permit Effective Date 12/1/2007
	Exit Time/Date 11:30 AM 12/13/2010	Permit Expiration Date 11/30/2012
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Numbers Rod Griffith Owner/Operator P: 208-731-5585 C: 208-539-5585	Other Facility Data (e.g., SIC, NAICS, and other descriptive information) (minor) SIC: 0921 NAICS: 112511	
Name, Address of Responsible Official/Title/Phone and Fax Number Delbert and Pati Klundt 4579-B River Road Buhl, ID 83316 P: 208-731-5585 C: 208-539-5585	Contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)


X	Permit	X	Self-Monitoring Program		Pretreatment		MS4
X	Records/Reports	X	Compliance Schedule		Pollution Prevention		
X	Facility Site Review		Laboratory		Storm Water		
X	Effluent/Receiving Waters	X	Operations & Maintenance		Combined Sewer Overflow		
	Flow Measurement	X	Sludge Handling/Disposal		Sanitary Sewer Overflow		

Section D: Summary of Findings/Comments

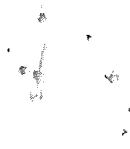
(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____



Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Robert C. Chorney 	IDEQ-TFRO 208-736-2190	12/14/2010
	208-736-2194	
Signature of Management QA Reviewer	Agency/Office/Phone and Fax Numbers	Date

ICIS,
1-12-2011
JBrown





STATE OF IDAHO
DEPARTMENT OF
ENVIRONMENTAL QUALITY

1363 Fillmore Street • Twin Falls, Idaho 83301 • (208) 736-2190

C.L. "Butch" Otter, Governor
Toni Hardesty, Director

December 20, 2010

Maria Lopez
EPA - Idaho Operations Office
1435 N. Orchard St.
Boise, ID 83706



RE: NPDES Inspections – Jack's Ponds (IDG-130053) and Cox's Ponds (IDG-130057)

Dear Maria:

Our office conducted NPDES inspections of Boswell Trout Farms - Jack's Ponds (IDG-130053) and Boswell Trout Farms - Cox's Ponds (IDG-130057) on December 13, 2010. Rod Griffith, owner/operator, was present during the inspections, and provided access to all required records and documentation. Enclosed please find the Inspection Reports, Inspection Photo Logs, and completed Form 3560s.

I would like to thank Rod for his time and effort in the completion of this inspection.

If you have any questions, please do not hesitate to contact me at 736-2190.

Sincerely,

A handwritten signature in blue ink, reading "R. Chad Chorney".

R. Chad Chorney
Regional Aquaculture Coordinator

RCC:gl

c: Mr. Rod Griffith, 4579-B River Road, Buhl, ID 83316 w/ enc
Mr. Rick Huddleston, Program Manager Waste, DEQ-SO w/o enc





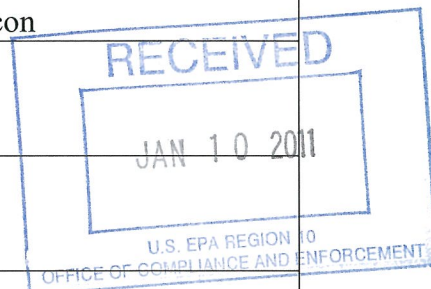
Idaho Department of Environmental Quality

AQUACULTURE FACILITY INSPECTION SURVEY

General NPDES Permit Numbers IDG-130000

Effective: December 1, 2007 - November 30, 2012

PURPOSE OF INSPECTION:	Determination of compliance with NPDES permit and the Clean Water Act.
TYPE OF INSPECTION:	<input type="checkbox"/> Unannounced <input checked="" type="checkbox"/> Announced <input type="checkbox"/> CSI <input type="checkbox"/> CEI <input type="checkbox"/> Recon
DATE(s) OF PREVIOUS NPDES INSPECTIONS:	Date: 11/07/2006 Date: 10/07/2004
PENDING OR CURRENT ENFORCEMENT ACTIONS: (review NOV and warning letters on file)	None
FACILITY NAME:	Jack's Ponds (Boswell Trout Farms)
NPDES PERMIT #	IDG-130053
FACILITY CONTACT:	Name: Rod Griffith Phone Number: 208-731-5585
FACILITY SIZE (annual fish production; affects frequency of monitoring requirements in parentheses) Confirm production and monitoring frequency during the inspection.	<input type="checkbox"/> > 500,000 (monthly) <input checked="" type="checkbox"/> 100,000 - 500,000 (quarterly) <input type="checkbox"/> < 100,000 (semi-annual) <input type="checkbox"/> Other (explain)
INSPECTOR(s) AND AFFILIATION	R. Chad Chorney Idaho Department of Environmental Quality Twin Falls Regional Office
DATE OF INSPECTION:	Date: 12/13/2010 Arrival Time: 9:30AM Departure Time: 11:30AM
Photo of facility sign, if any, and facility	
DATE OF FINAL REPORT	Date: 12/21/2010



ENTRY AND PERMIT CONDITIONS REVIEW

X Present your credentials and provide a business card; explain the purpose of the inspection and how you plan to proceed.

Interviewee Questions	
1. Obtain representative's name, position, and phone number.	Name: Rod Griffith Position: Operator Phone: 208-731-5585
2. How long has the representative worked for the company?	20+ years
3. How long has he/she held the position?	20+ years
4. Are there other representatives who should be present?	No
NOI Review: Show the interviewee the NOI, and ask him/her to review it for errors. If errors are found, ask him/her to correct the errors and initial the corrections. A new NOI should be submitted if several corrections are made.	
1. What is the date of the most recently submitted NOI? 04/19/2004	
2. Is the NOI complete and current?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have any structural changes been made to the facility recently?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Any structural changes anticipated? (Plan and Spec review required of IDEQ, if so; see page 47; Part VI.I.2.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
FACILITY LOCATION, ETC: (see NOI)	Address: 1021 E. 4100 N. Buhl, ID 83316 Phone: 208-731-5585 Fax:
OWNER NAME:	



OWNER ADDRESS:	Address: 4579-B River Road Buhl, ID 83316 Phone Number: 208-731-5585 Fax: E-mail: griff11@hotmail.com
OPERATOR NAME:	Rod Griffith
OPERATOR ADDRESS:	Address: see "Owner" info Phone Number: see "Owner" info Fax: E-mail: see "Owner" info
PERMIT TRANSFERS: 1. Is this a new operator?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
According to VII. I. "Transfers. Authorization to discharge under this permit may be automatically transferred to a new permittee on the date specified in the agreement only if: 1. The current permittee notifies the Director of the Office of Water and Watersheds at least 30 days in advance of the proposed transfer date; 2. The notice includes a written agreement between the existing and new permittees containing a specific date for transfer of permit responsibility and liability between them; and 3. The Director does not notify the existing permittee and the new permittees of its intent to revoke and reissue the authorization to discharge.	
2. Was EPA and IDEQ notified in writing of the transfer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No
LOCATION OF FACILITY:	GPS taken at entrance to facility. Latitude: N 42° 35.593 Longitude: W 114° 50.780 Date: 12/13/2010 Time: Count:

AUTHORIZATION TO DISCHARGE	
1. Did you receive a letter authorizing you to discharge?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> letter not in file
2. "Addressee" on the authorization to discharge letter:	Name:
3. Is this correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No: name _____

4. Do you have a copy of the permit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the facility currently discharging?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Was the facility containing, growing or holding fish on December 1, 2007 (effective date of the permit)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. If not currently discharging, when do you expect to rear fish again at this facility?	<input checked="" type="checkbox"/> N/A Date:
8. Do you plan to participate in Pollutant Trading?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(We will add more questions later once pollutant trading starts to happen.)	
PROHIBITED DISCHARGES, Part II.B., Page 29	
Review the prohibited discharges 1 and 2 (a-h) with the interviewee. COMPLETE	
1. Have you had any such prohibited discharges that you know of since December 1, 2007?	Yes <input checked="" type="checkbox"/> No
2. Do you expect to have any difficulty prohibiting such discharges from this facility?	Yes <input checked="" type="checkbox"/> No
Questions or Comments:	
PROHIBITED PRACTICES, Part II.C., Pages 29-30	
1. Review the prohibited practices 1 through 2 with the interviewee. COMPLETE	
2. Have you or any other employee engaged in any of these prohibited practices that you know of since December 1, 2007?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Do you expect to have any difficulty prohibiting such practices at this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Questions or Comments:	

FACILITY MONITORING, Part II.D., (see page 30-33)

Ask to see the recent DMRs and raw data. Review to determine if the permittee is filling in the correct data (influent, effluent raw data, and effluent net). See page 30, II.D.2.b., for requirement when data are less than MDL.

According to II. D., "The permittee shall monitor discharges from all outfalls authorized under the permit as specified in Tables 12 and 13..." (see pages 30-33) For frequency requirements, see footnote 16 of Table 12, and footnote 29 of Table 13 for OLSBs)

1. When was the last monitoring event?	Sept. 2010
2. Who conducted the monitoring?	Rod Griffith (Erik)
3. Is this the person who usually conducts the monitoring?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. What is the interval of discrete sampling for the composite sample? (permit requires four or more discrete samples taken at one-half hour intervals or greater in a 24 hour period.)	½ Hour – 2 Hours
4. When sampling raceway discharge, is at least one sample taken during quiescent zone or raceway cleaning?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If not, why not.	
5 What type of sample are you taking for influent? (permittees with spring influents may elect to take grabs, page 32, footnote 17)	Grab
6. Who fills out the DMRs?	Rod Griffith
7. When was the most recent DMR submitted to EPA and IDEQ?	Sept. 2010
8. How and where is flow measured for the raceways? Across effluent dam boards And by whom? Rod Griffith Is this flow measurement method one of those specified in Appendix E. Part I.A., page 79? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. How is the flow measuring device calibrated? And by whom? Idaho Department of Water Resources	

10. How and where is flow measured for the offline settling basins?		N/A
And by whom?		
11. Was net effluent load recorded on the DMR calculated correctly? (check a few DMRs; see Appendix D, page 75 for equations)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you aware of any recent violations of the permit limits?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
What was the limit that was exceeded? N/A		
When was it? N/A		
13. Are the data reported properly on the DMR?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14. Are DMR data consistent with analytical results?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
RECEIVING WATER MONITORING, Part II.E., (see pages 33-35) According to II.C.1., "All permittees with OLSB that discharge directly to receiving water must conduct receiving water monitoring for ammonia, pH, and temperature upstream from the outfall." And 2, "All facilities using chelated copper compounds or copper sulfate must monitor total recoverable copper and hardness immediately upstream of the outfall at least once in any quarter when these compounds are applied." Ask to see the QA plan which will describe where the samples are taken in the receiving stream.		
1. If the facility has an OLSB discharging to a receiving stream.... Are you monitoring receiving water for ammonia, pH, and temperature?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
2. Are you monitoring receiving water for copper quarterly when you use it?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
3. Are you submitting the results to EPA and IDEQ with the DMRs?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A

QUALITY ASSURANCE PLAN, Part II.F., (see page 35)

According to II.F. "The permittee must develop a QA plan for all monitoring required by this permit. The plan must be developed and implemented within 60 days of coverage under this permit."

1. Do you have a QA plan?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. When did you submit the certification that a plan has been developed?	02/04/2000
According to II.F.3.a) the QA Plan must include: details on the number of samples, type of sample containers, preservation of samples including temperature requirements, holding times, analytical methods, analytical detection and quantification limits for each parameter, type and number of quality assurance field samples, precision and accuracy requirements, sample preparation requirements, sample shipping methods, and laboratory data delivery requirements.	
3. Does the plan include these details?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If not, what is missing?	
According to II.F.3.a) the QA Plan must include: description of flow measuring devices or methods used to measure influent and/or effluent flow at each point, calibration procedures, and calculations used to convert to flow units. If a permittee's facility has multiple effluent discharge points and/or influent points, it must describe its method of compositing samples from all points proportionally to their respective flows.	
4. Does the plan include the flow measuring description?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the plan describe the method of compositing samples?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. If you elected to take grab samples of influents, does the plan provide evidence of insignificant variability among influent sources?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. If you elected to not monitor small discharges that comprise less than 1% of the total raceway flows, does the plan provide justification that effluent quality of these discharges is the same as monitored discharges?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A

8. Does the plan include a map(s) of sampling points?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Did you include in your QA plan the quality assurance and control for receiving water monitoring, including the sampling location rationale?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
10. Does the plan include qualifications and trainings of personnel?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. Does the plan include the laboratory name and telephone number?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. Is facility following / using the QA Plan?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BEST MANAGEMENT PRACTICES PLAN, Part III., (see page 36) According to Part III.C. "the permittee must develop and implement a BMP Plan which meets the specific requirements listed in Part III.E.	
1. Do you have a BMP plan? If not on site, is it in the possession of staff when they are working on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
2. When did you submit the certification that a plan has been developed?	02/04/2000
The BMP plan must include the following BMPs: (see page 36)	
1. Chemical Storage a. ensure proper storage to prevent spills, b. implement procedures for proper containing, cleaning and disposing of spilled material.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Structural Maintenance a. routinely inspect rearing and holding units and waste collection containment to indentify and promptly repair damage,	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

How often? Daily	
b. regularly conduct maintenance of rearing and holding units and waste collection and containment systems to ensure their proper function	X Yes <input type="checkbox"/> No
3. Training Requirements:	
a. Train personnel in spill prevention and clean-up and disposal of spilled materials.	X Yes <input type="checkbox"/> No
b. Train personnel on proper structural inspection and maintenance of rearing and holding units and waste collection and containment systems.	X Yes <input type="checkbox"/> No
4. Operational Requirements:	
a. Water which is disinfected with chlorine or other chemicals must be treated before it is discharged to waters of the U.S.	X Yes <input type="checkbox"/> No
b. Treatment equipment used to control the discharge of floating, suspended or submerged matter must be cleaned and maintained at a frequency sufficient to prevent overflow or bypass of the treatment unit by floating, suspended, or submerged matter.	X Yes <input type="checkbox"/> No
c. Procedures must be implemented to prevent fish from entering quiescent zones, full-flow and off-line settling basins. Fish which have entered quiescent zones or basins must be removed as soon as practicable.	X Yes <input type="checkbox"/> No
d. All drugs and pesticides must be used in accordance with applicable label directions (FIFRA or FDA)	X Yes <input type="checkbox"/> No
e. Chelated copper compounds and copper sulfate, when used, must be applied to only one raceway at a time.	<input type="checkbox"/> Yes
f. Identify and implement procedures to collect, store, and dispose of wastes, such as biological wastes, in accordance with IDAPA §02.04.17 and IDAPA §58.01.02. Such wastes include fish mortalities and other processing solid wastes from aquaculture.	X N/A
g. Implement procedures to control the release of transgenic or non-native fish or their diseases as specified in any permit(s) issued by the Idaho Department of Fish and Game for the importation, transportation, release or sale of such species, in accordance with IDAPA §13.01.10.100.	X Yes <input type="checkbox"/> No
h. Implement procedures to eliminate the release of PCBs from any known sources in the facility, including paint, caulk, or feed	X Yes <input type="checkbox"/> No
When was the BMP Plan last updated?	02/04/2000

AQUACULTURE SPECIFIC REPORTING REQUIREMENTS, Part IV., Page 38	
A. Drug And Other Chemical Use And Reporting Requirements (see pages 38-39)	
1. Do you use drugs, pesticides or other chemicals? (Salt compounds only)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, ask to see the Chemical Log Sheet. (see Appendix G, page 91)	
1. Are records being maintained of all applications?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. When an INAD or extralabel drug is used for the first time, you are required to report this orally and in writing to EPA and IDEQ. Have you used INADs or plan to use INADs or extralabel drugs? If so,... Have you written to EPA and IDEQ that you have signed up to use an INAD or prescription? (page 88) Have you provided an oral report to EPA and IDEQ of an INAD or prescription use? (page 87) Have you provided a written report to EPA and IDEQ of an INAD or prescription use? (page 89)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes Date: _____ <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes Date: _____ <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes Date: _____ <input checked="" type="checkbox"/> N/A
B. Structural Failure (see page 39)	
Remind the interviewee of this new requirement: Failure or damage to the facility must be reported to EPA and IDEQ orally within 24 hours and in writing within five days when there is a resulting discharge of pollutants to waters of the U.S.	Confirmed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C. Spills of feed, drugs, pesticides or other chemicals (see page 39)	
Remind the interviewee of this new requirement: The permittee must monitor and report to EPA and IDEQ any spills that result in a discharge to waters of the United States; these must be reported orally within 24 hours and in writing within five days.	Confirmed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

D. Annual Report of Operations (see page 40) Remind the interviewee of this requirement: The permittee must prepare and submit an annual report of operations by January 20 th of each year to EPA and IDEQ. (see Appendix H, page 95-96 for form)	Confirmed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1. Did you submit the last report as required? 2. Last Annual Report submitted on 02/20/2009	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Is the annual report complete? (Check the report against the required elements on pages 95-96.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Ask to see the annual logs of production. 3. Are the logs consistent with what is reported in the annual report?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was the facility able to provide all the required paper documentation requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
FACILITY PHYSICAL INSPECTION Objectives of the facility inspection include: identifying all discharges to the surface waters from the facility; observing and recording prohibited discharges or practices; and noting any problems. Many of these questions are subjective.	
1. Any excessive feed in the raceways?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Any excessive solids stirred up in raceways?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Are all the barrier dam boards in place and level?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Any excessive solids built up in quiescent zones?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Any excessive solids going over the dam boards.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Any fish observed in the quiescent zones?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Photo (s) of raceway(s) conditions above,	
Discharges:	
Photo (s) of raceway(s), tailrace, and/or full-flow settling basin discharges.	
Are there any unreported outfalls? (check observed against NOI)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If so, describe:	
Photo (s) of receiving water(s), particularly documenting any of below:	
1. Any floating solids or visible foam in other than trace amounts?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Any evidence of discharged sludge, grit or accumulated solid residues?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Any floating, suspended or submerged matter, including dead fish, in amounts causing nuisance or objectionable condition?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Location of the receiving water monitoring.	<input checked="" type="checkbox"/> N/A
5. If the facility has an OLSB(s) , is it discharging?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
Photo (s) of OLSB discharges	

Photo (s) of receiving water(s), particularly documenting any of below:

1. Any floating solids or visible foam in other than trace amounts?

☐ Yes
☒ No

2. Any evidence of discharged sludge, grit or accumulated solid residues?

☐ Yes
☒ No

3. Any floating, suspended or submerged matter, including dead fish, in amounts causing nuisance or objectionable condition?

☐ Yes
☒ No

Flow Measurement Device:

1. Were flow measurements taken during inspection?

☐ Yes
☒ No

Photo (s) of taking flow measurement:

2. Location of flow measuring device for raceways:

☐ Influent Head Box
☒ Raceway or Tailrace Effluent
☐ Other _____

3. How are flow measurements taken?

☒ Across a dam board
☐ Contracted rectangular weir
☐ Other weir _____
☐ Other _____

4. Location of flow measuring device for OLSBs:

☐ Effluent Box
☐ Effluent Pipe
☐ QZ cleaning time
☒ N/A

5. How are flow measurements taken?	<input type="checkbox"/> Across a dam board <input type="checkbox"/> V-Notched weir <input type="checkbox"/> Other weir _____ <input checked="" type="checkbox"/> N/A
Sampling:	
1. Are influent sample locations adequate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Are effluent sample locations adequate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Are samples refrigerated / iced down after sampling?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Are samples iced down during transportation to contract Lab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Solids Containment and Storage	
1. Is the solids disposal area adequate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Removed solids prevented from reentry to navigable waters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the facility land apply solids or irrigate with or apply wastewater?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Conclusion Data Sheet (ICDS) information	
1. Did you observe deficiencies (potential violations) during the on-site inspection?	Current "authorization to discharge letter" not in file; 2009 Annual Report is most recent.
2. If so, did you communicate them to the facility during the inspection?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3. Did the facility or operator take any corrective actions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
4. Did you provide general compliance assistance during the inspections?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Did you provide site-specific compliance assistance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
AREAS OF CONCERN:	Current "authorization to discharge letter" not in file; 2009 Annual Report is most recent.

